

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04978  
94a  
115

## CERTIFICATE OF DEATH

Reg. Dist. No. ....

## 1. PLACE OF DEATH:

Dorchester

County

Fishing Creek

City or town

(If outside city or town limits, write RURAL and give nearest town)

Life

How long in above place of death?

Hospital, institution, or street address where death occurred:

Fishing Creek

How long in hospital or institution?

## 3. (a) FULL NAME

Eliza Novella Adams

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

Female

White

Married

6.(b) Name of husband or wife

Winnie Adams

7. Birth date of deceased (mo., day, yr.)

Nov. 28, 1884

6.(c) If alive, give age

63

years

8. AGE:

Years

Months

Days

If less than one day

62

6

15

hrs.

min.

9. Birthplace

Fishing Creek, Dor. Co., Md.

(Town, county, and state)

10. Usual occupation

Domestic

11. Industry or business

Home

MOTHER FATHER

12. Name

William H. Lewis

MOTHER

13. Birthplace

Maryland

FATHER

14. Maiden name

Willie Ann Parks

MOTHER

15. Birthplace

Maryland

16. Informant

Mr. Winnie Adams

Address

Fishing Creek, Maryland

17. Burial

Date thereof June 15, 1947

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Hoosier Memorial Cemetery

Location

Fishing Creek, Dor. Co., Md.

18. Funeral director

LeCompte's Funeral Service

Address

Cambridge, Maryland.

19. (Date rec'd by registrar)

19

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

Maryland

State

Dorchester

County

Fishing Creek

City or town

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

2D. DATE OF DEATH June 13, 1947, at 7: A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

in VI to VI, 1947.

ad that I last saw h. alive on 6/11, 1947.

Immediate cause of death

Coronary occlusion

DURATION

2 days

1 day

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings or operations

—

Date of op.

Autopsy results

nnl

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

—

Date of

Where did injury occur

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work

23. SIGNATURE

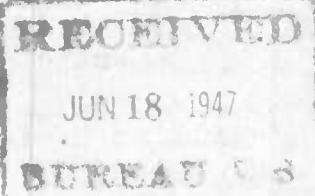
Ken Blithe

M. D. or other

Address

Cambridge, Md.

Date signed 6/14/47



~~M~~  
PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age  
is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for the changes and additions  
made shown on

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1648

04979  
115

FILE NO. G 110 JUL 11 1947

## CERTIFICATE OF DEATH

Reg. Dist. No.

**1. PLACE OF DEATH:**

County Dorchester

City or town Hoopersville

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

**3. (a) FULL NAME**

UNKNOWN

George M. Granson

**3. (b) Social Security Number**

**4. Sex**

Male

**5. Color or race**

Colored  
White

**6. (a) Single, married, widowed, or divorced**

Single

**MEDICAL CERTIFICATION**

**6. (b) Name of husband or wife**

**7. Birth date of deceased (mo., day, yr.)**

**8. AGE:**

Years 25 to 40  
Months #  
Days #  
less than one day

hrs.      min.

**9. Birthplace**

Unknown

(Town, county, and state)

**10. Usual occupation**

Unknown

**11. Industry or business**

✓

**12. Name**

Unknown

**13. Birthplace**

Unknown

**14. Maiden name**

Unknown

**15. Birthplace**

Unknown

**16. Informant**

**Address**

**Burial**

(Burial, cremation, or removal. Which?)

Date thereof June 13, 1947  
(month) (day) (year)

Cemetery or crematory Dorchester Memorial Park

Location Cambridge, Maryland

**18. Funeral director** LeCompte's Funeral Service

Address Cambridge, Maryland.

19. Date rec'd by registrar

19. X7

of am w. maeze  
Local Registrar

**2. USUAL RESIDENCE (HOME) OF DECEASED:**

(For newborn infants give residence of mother)

State

~~Md~~

County

City or town

~~Baltimore~~

(If outside city or town limits, write RURAL and give nearest town)

Street No.

~~1117 Market St.~~

(If rural, see LOCATION)

2.(a) If veteran, name war

**20. DATE OF DEATH**

about Jun 4

1947 at ~~at~~ M

**21. I CERTIFY that death occurred on the date above stated; that I attended deceased from**

19. to 19.

and that I last saw him alive on

Immediate cause of death

Divorcing. probably  
suicide & accidental

Due to Body floated in front of  
bay land end on Middle St. to George  
Island

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause for which death should be charged statistically.

accident ~~or~~ ~~state police~~  
~~police~~ ~~suicide about Jun 4/47~~

Accident, suicide, or homicide

2. a. Date of

Where did injury occur? no Hoopersville - Dor. Md.  
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) in Chesapeake Bay

Means of injury

Injured at work?

23. SIGNATURE

J. K. Shriver, D.P. Med. Exam.  
M. D. or other

Address

Cambridge - Md.  
Date signed Jun 10/47

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JUN 18 1947

BUREAU of

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

53

04980

## CERTIFICATE OF DEATH

Reg. Dist. No. 116

## 1. PLACE OF DEATH:

County.....

Baltimore

City or town.....

Cambridge Md.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

Annie Cyphas

female colored

5. Color or race

6.(a) Single, married, widowed, or divorced

single

6.(b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.) March 5 1925

8. AGE: Years 22 Months 3 Days 14 If less than one day hrs. min.

9. Birthplace..... Blackwater Md - Dor. County  
(Town, county, and state)

10. Usual occupation.....

11. Industry or business.....

12. Name..... James Cyphas

13. Birthplace..... Blackwater - Dor. County Md.

14. Maiden name..... Teala Young

15. Birthplace.....

16. Informant..... Teala Young

Address..... Cambridge Md.

17. Silent City Date thereof..... (Burial, cremation, or removal Which?) (month) (day) (year)

Cemetery or crematory..... Cambridge Md.

Location.....

18. Funeral director..... Lewis H. Bragman

Address..... Cambridge Md.

19. 6-21-1947 John M. Menge, Jr. Registrar

(Date rec'd by registrar)

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... County.....

City or town..... (If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2.(a) If veteran, name war.....

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH June 21 1947 at 9:20 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from February 4 1947 to June 21 1947

and that I last saw her alive on June 21 1947

Immediate cause of death..... Rodent Ulcerous Tumour

DURATION

18 min

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? ..... (City or town) ..... (County) ..... (State)

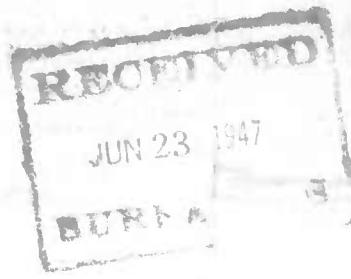
Injured at home, farm, industry, public place (where?) .....

Means of injury..... Injured at work? .....

23. SIGNATURE: Corinne M. &amp; James M. Date signed 4/4/47

M. D. or other

Address..... 121 Cedar St. Date signed 4/4/47



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Diat. No. 110

93d

64981

110

## 1. PLACE OF DEATH:

County Dorchester

City or town Hurlock

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 9 Months

Hospital, Institution, or street address where death occurred:

Hurlock

How long in hospital or institution? -

## 3. (a) FULL NAME

John A. Cook

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

Male

White

Married

6.(b) Name of husband or wife

Nettie Willey

7. Birth date of deceased (mo., day, yr.)

July 25, 1876

6.(c) If alive, give age 62 years

8. AGE:

Years  
70Months  
10.Days  
16

If less than one day

hrs. min.

9. Birthplace

RFD # 3, Cambridge, Maryland.

(Town, county, and state)

10. Usual occupation

Laborer-Watchman

11. Industry or business

Phillips Pkg. Co.

12. Name

John A. Cook

13. Birthplace

Maryland

14. Maiden name

Catherine Spedden

15. Birthplace

Maryland

16. Informant

Mrs. John A. Cook

Address

Hurlock, Maryland

17. Burial

Date thereof June 15, 1947

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Dorchester Memorial Park

Location

Cambridge, Maryland

18. Funeral director LeCompte's Funeral Service

Address

Cambridge, Maryland.

19. Demo 14

1947

Chas W Hastings

Registrar

(Date rec'd by registrar)

Harris

MARGIN RESERVED FOR BINDING

I

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correctness of the information given is especially important. Physicians: please write the causes of death clearly and legibly.

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County Dorchester

City or town Cambridge

(If outside city or town limits, write RURAL and give nearest town)

Street No. 28 Muir St.

(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (b) Social Security Number

217-10-8783

## MEDICAL CERTIFICATION

20. DATE OF DEATH

June 11, 1947 at 3:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 10, 1947, to June 11, 1947.

and that I last saw him alive on June 11, 1947.

Immediate cause of death

Coronary Thrombosis

DURATION

12 hours

Due to Chronic Myocarditis

5 yrs +

Due to General arteriosclerosis 5 yrs +

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operation

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

William C. Harrison MD

M. D. or other

Address Hurlock Md. Date signed 6/13/47



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04982  
93d

## CERTIFICATE OF DEATH

Reg. Dist. No. 116

## 1. PLACE OF DEATH:

County Dorchester

City or town Brookview

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

Brookview

How long in hospital or institution?

## 3. (a) FULL NAME

John Wesley Corkran

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

Male

White

Married

6.(b) Name of husband or wife

Geneva Sellers

7. Birth date of deceased (mo., day, yr.)

Jan. 2, 1868

6.(c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

hrs.

min.

9. Birthplace

Brookview, Dor. Co., Md.

(Town, county, and state)

10. Usual occupation

Retired Farmer

11. Industry or business

Farming

12. Name

John O. Corkran

13. Birthplace

Maryland

14. Maiden name

Mary E. Rhodes

15. Birthplace

Maryland

16. Informant

Mrs. J. W. Corkran

Address

Brookview, Maryland

17. Burial

Date thereof June 16, 1947  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory

East New Market Cemetery

Location

East New Market, Maryland

18. Funeral director

LeCompte's Funeral Service

Address

Cambridge, Maryland.

19. Date rec'd by registrar

June 16, 1947

John Macpherson

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County Dorchester

City or town Brookview

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

2D. DATE OF DEATH

June 14, 1947, at 12:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19..... to 19.....

and that I last saw h..... alive on

19.....

Immediate cause of death

Myocarditis - Chronic

1-2 yrs

Due to

Arterio-Sclerosis

1-2 yrs

Due to

Hypertension

1-2 yrs

(Include pregnancy within 3 months of death)

Major findings at operation

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury

Injured at work?

13. SIGNATURE

M. D. or other

Address

Cambridge, Ma. Date signed Jan. 16, 1947

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JUN 19 1947

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## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04983  
2600

M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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VS A15 9-45-15M T

## CERTIFICATE OF DEATH

Reg. Dist. No. 115

## 1. PLACE OF DEATH:

Dorchester

County

Rural-Fishing Creek

(If outside city or town limits, write RURAL and give nearest town)

Life

How long in above place of death?

Hospital, institution, or street address where death occurred:

Fishing Creek

How long in hospital or institution?

## 3. (a) FULL NAME

Howard Henry Creighton

## 4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

Male

White

Married

## 6.(b) Name of husband or wife

Elsie E. Hall

## 7. Birth date of deceased (mo., day, yr.)

March 6, 1894

6.(c) If alive, give age 48 years

## 8. AGE:

Years 53

Months 3

Days 4

If less than one day hrs. min.

## 9. Birthplace: Fishing Creek, Dor. Co., Md.

(Town, county, and state)

## 10. Usual occupation: Waterman

## 11. Industry or business: Seafood

## 12. Name: William H. Creighton

## 13. Birthplace: Maryland

## 14. Maiden name: Nora A. Phillips

## 15. Birthplace: Maryland

## 16. Informant: Mr. Theo Creighton

## Address: Fishing Creek, Maryland.

## 17. Burial

Date thereof: June 12, 1947  
(Burial, cremation, or removal. Which?) (month) (day) (year)

## Cemetery or crematory: Hoosier Memorial Cemetery

## Location: Fishing Creek, Maryland.

## 18. Funeral director: LeCompte's Funeral Service

## Address: Cambridge, Maryland.

## 19. (Date rec'd by registrar) 6-12-47 19

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

Maryland

County: Dorchester

City or town: Rural-Fishing Creek

(If outside city or town limits, write RURAL and give nearest town)

Street No.: Fishing Creek

(If rural, give LOCATION)

2.(a) If veteran, name war: World-War No. 1

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH: June 10, 1947, at 1:55 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 9, 1947, to June 10, 1947,

and that I last saw him alive on June 9, 1947.

Immediate cause of death:

Tularemia

Due to: Tick bite

Due to:

Other conditions: Chronic hypertension  
and Bronchial pneumonia.  
(Include pregnancy within 3 months of death)

Major findings of operation:

Autopsy results: ~~Accident~~

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external cause, fill in the following: Accident

Accident, suicide, or homicide. Tick bite Date of May 29/47

Where did injury occur? Fishing Creek, Dorchester, Md. (City or town) (County) (State)

Injured at home, farm, industry, public place (where)? Home in Country

Name of injury: Tick bite Injured at work? no

23. SIGNATURE: James W. Meade, M.D.

M. D. or other

Address: Fishing Creek, Md. Date signed: June 10/47

(Signature) James W. Meade

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JUN 18 1947

BUREAU OF

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04984

107

## CERTIFICATE OF DEATH

Reg. Dist. No. 115

**1. PLACE OF DEATH:**  
 Dorchester  
 County: Fishing Creek  
 City or town: (If outside city or town limits, write RURAL and give nearest town)  
 Life

How long in above place of death?.....  
 Hospital, Institution, or street address where death occurred:  
 Fishing Creek

How long in hospital or institution?.....

**2. USUAL RESIDENCE (HOME) OF DECEASED:**  
 (For newborn infants give residence of mother)

Maryland County: Dorchester  
 City or town: (If outside city or town limits, write RURAL and give nearest town)  
 Fishing Creek

Street No.: (If rural, give LOCATION)

2.(a) If veteran, name war: \_\_\_\_\_

**3. (a) FULL NAME**  
 Levin H. Creighton

**3. (b) Social Security Number**

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widowed

6.(b) Name of husband or wife: Laura Phillips  
 (Died Oct. 7, 1945) 6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.) Dec. 23, 1857

8. AGE: Years Months Days If less than one day  
 89 5 19 hrs. min.

9. Birthplace: Fishing Creek, Dor. Co., Md.  
 (Town, county, and state)

10. Usual occupation: Waterman

11. Industry or business: Seafood

**MOTHER FATHER** 12. Name: Jeremiah Creighton

13. Birthplace: Maryland

14. Maiden name: Sarah Parker

15. Birthplace: Maryland

16. Informant: Mr. Ivy Creighton

Address: Fishing Creek, Maryland.

17. Burial Date thereof: June 15, 1947  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory: Hoosier Memorial Cemetery

Location: Fishing Creek, Dor. Co., Md.

18. Funeral director: LeCompte's Funeral Service

Address: Cambridge, Maryland.

19. Date rec'd by registrar: June 14 1947  
 (Date signed) *James W. Meade* Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH: June 13, 1947 at 9: A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 8 1947 to June 13 1947  
 and that last saw him alive on June 9 1947

Immediate cause of death:

*Bronchial Pneumonia*

Due to: *(Primary)*

Due to: \_\_\_\_\_

Other conditions: *Senility*

(Include pregnancy within 3 months of death)

Major findings of operations: *X*

Date of op. \_\_\_\_\_

Autopsy results: *X*

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, *X* in the following:Accident, suicide, or homicide: *X* Date of: \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of Injury: \_\_\_\_\_

Injured at work? \_\_\_\_\_

23. SIGNATURE: *James W. Meade M.D.*

M. D. or other \_\_\_\_\_ Date signed: June 14 1947

RECEIVED

JUN 18 1947

BUREAU F B I

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04985

183

## CERTIFICATE OF DEATH

Reg. Dist. No. 116

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Write the causes of death clearly and legibly. It is especially important. Physicians: please write the causes of death clearly and legibly.

M

MARGIN RESERVED FOR BINDING

I

9-45-15 M

A15

## 1. PLACE OF DEATH:

County

City or town

Dorchester  
Near Choptank, Md.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

Darcy C. Busick

4. Sex

5. Color of race

6. (a) Single, married, widowed, or divorced

Male

white

Single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

6. (c) If alive, give age

years

August 4 - 1932

8. AGE:

Years      Months      Days      If less than one day  
14      10      7      hrs.      min.

8. Birthplace

Golden Hill, Md.

(Town, county, and state)

10. Usual occupation

School Boy

11. Industry or business

Freddie C. Foxwell

MOTHER FATHER

12. Name

Eliza N. Busick

13. Birthplace

Dor Co.

14. Maiden name

15. Birthplace

mr. Thorius C. Phillips

Burial

Address

Date thereof

(month) (day) (year)

Cemetery or crematory

Location

Washington Cemetery

Turlock, Md.

Injury

in Hunting Creek

Means of Injury

drowning

Injured at work?

No

16. Informant

Address

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of Injury

Injury

Injured at work?

No

23. SIGNATURE

M. D. or other

Address

Date signed

Jan 12/47

VS A15

Date rec'd by registrar

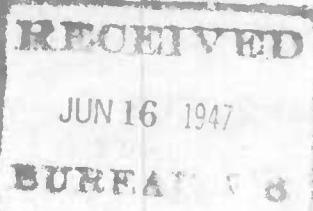
John Meek

Registrar

Signature

Date signed

Jan 12/47



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04986

568

## CERTIFICATE OF DEATH

Reg. Dist. No. 116

## 1. PLACE OF DEATH:

Dorchester

County Cambridge

City or town (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 19 Years

Hospital, institution, or street address where death occurred:

434 Willis St.

How long in hospital or institution?

## 3. (a) FULL NAME

Edna Phillips Elzey

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Married

6. (b) Name of husband or wife James Elzey

7. Birth date of deceased (mo., day, yr.) June 6, 1907

8. AGE:	Years	Months	Days	It less than one day
	40	-	13	hrs. min.

9. Birthplace Hudson, Dor. Co., Maryland  
(Town, county, and state)

10. Usual occupation Machine Operator

11. Industry or business Shirt Factory

12. Name Samuel S. Phillips

13. Birthplace Maryland

14. Maiden name Maggie Hubbard

15. Birthplace Maryland

16. Informant Mr. James Elzey

Address Cambridge, Maryland.

17. Burial Date thereof June 21, 1947  
(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory Dorchester Memorial Park

Location Cambridge, Maryland

18. Funeral director LeCompte's Funeral Service

Address Cambridge, Maryland.

19. 6-21-1947 John Mace Jr. M.D.  
(Date rec'd by registrar)

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Cambridge (If outside city or town limits, write RURAL and give nearest town)

Street No. 434 Willis St. (If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH June 19 1947 at 9: A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

18... to 19... and that I last saw h... alive on

Immediate cause of death

Acute Dilatation of Heart

Due to Convulsions

Due to Paroxysy Uraemia

Other conditions

uterine fibroid

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur (City or town) (County) (State)

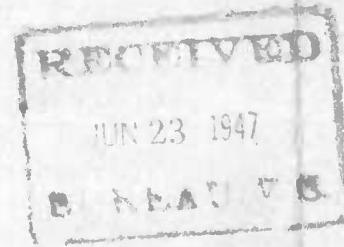
Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Dr. H. Shriver, D.P.M. Exam.

M. D. or other

Address Cambridge, Md. Date signed Jan 11/49



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correctness  
is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04987

488

## CERTIFICATE OF DEATH

Reg. Dist. No. 111

## 1. PLACE OF DEATH:

County DorchesterCity or town East New Market  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

Elizabeth Aguedera

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female white Married

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

6. (c) If alive, give age \_\_\_\_\_ years

8. AGE:

Years

Months

Days

If less than one day

64 65

11

21

hrs. min.

9. Birthplace

(Town, county, and state)

10. Usual occupation

Housework

11. Industry or business

Harvey Whitley

MOTHER FATHER

12. Name

Edwina

13. Birthplace

Mary J. Whitley

14. Maiden name

Josephine

15. Birthplace

Josephine

16. Informant

Josephine

Address

East New Market

17. Burial

Date thereof June 25 1947

Burial, cremation, or removal? (Which?)

(month)

(day)

(year)

Cemetery or crematory

Burying Ground

Location

Secret

18. Funeral director

H. B. McLaughlin

Address

East New Market

19. Date rec'd by registrar

June 25 1947 Elizabeth C. Smith

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md.County DorchesterCity or town East New Market

(If outside city or town limits, write RURAL and give nearest town)

Street No. RFD

(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH June 22 1947 at 6 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 15 1947, to June 22 1947,and that I last saw her alive on June 21 1947.Immediate cause of death Carcinoma

DURATION

6 days

Due to Carcinoma of 4 tumors

12 days

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.

Autopsy results: Done

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURES

Lucy B. Brumley M. D. or other

Address

Date signed 6/25/47



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04988

93d

B.C.  
Reg. Dist. No. 116

## CERTIFICATE OF DEATH

## 1. PLACE OF DEATH:

County Dorchester

City or town Cambridge

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 3 Weeks

Hospital, Institution, or street address where death occurred:

418 Race St.

How long in hospital or institution?

## 3. (a) FULL NAME

Malachi Flowers

## 3. (b) Social Security Number

220-07-7148

4. Sex

Male

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Married

6.(b) Name of husband or wife Grace F. Flowers

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Not Known Definitely

8. AGE: Years Months Days If less than one day

About 67                     hrs.      min.

9. Birthplace Dorchester County, Maryland  
(Town, county, and state)

10. Usual occupation Cook

11. Industry or business Restaurant

12. Name Augustus Flowers

13. Birthplace Maryland

14. Maiden name Not Known

15. Birthplace II II

16. Informant Mrs. Norman Hurley

Address Cambridge, Maryland

17. Burial Date thereof June 13, 1947  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Greenlawn Cemetery

Location Cambridge, Maryland

18. Funeral director LeCompte's Funeral Service

Address Cambridge, Maryland.

19. Date rec'd by registrar June 13, 1947 John March M.D. Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County Baltimore

City or town Baltimore

(If outside city or town limits, write RURAL and give nearest town)

Street No. 2128 Fulton Ave.

(If rural, give LOCATION)

2.(a) If veteran, name war

## MEDICAL CERTIFICATION

20. DATE OF DEATH June 11, 1947, at 4:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 11, 1947, to June 11, 1947,

and that I last saw him alive on June 11, 1947.

Immediate cause of death

Myocardial failure

DURATION

1 hr

Due to Heat Exhaustion

6 hrs.

Due to Arteriosclerotic Heart Disease

Unknown

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

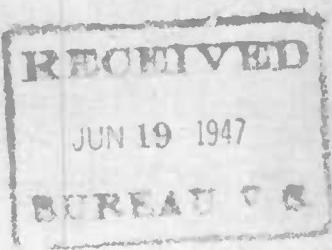
Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE Lawrence Marquay M. D. or other

Address Cambridge, Md. Date signed 6/14/47



PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. Use correct age  
is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04989  
116

## CERTIFICATE OF DEATH

Reg. Dist. No. ....

## 1. PLACE OF DEATH:

County **Dorchester**City or town **Cambridge**

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? **Life**

Hospital, Institution, or street address where death occurred:

**425 Henry St.**

How long in hospital or institution? -

## 3. (a) FULL NAME

**Elwood N. Goslin**

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

**Male****White****Married**6.(b) Name of husband or wife **Lillie Rumbley**6.(c) If alive, give age **63** years

7. Birth date of deceased (mo., day, yr.)

**April 4, 1875**

8. AGE:

Years **72**Months **2**Days **22**

It less than one day

hrs. ..... min.

9. Birthplace **Near Hurlock, Dor. Co., Maryland**  
(Town, county, and state)10. Usual occupation **Waterman-Painter-Retired**11. Industry or business **Retired**12. Name **Not Known**13. Birthplace **Not Known**14. Maiden name **Unna Sophia Goslin**15. Birthplace **Not Known**16. Informant **Mrs. Lillie R. Goslin**Address **Cambridge, Maryland**17. Burial Date thereof **June 28, 1947**  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory **Dorchester Memorial Park**Location **Cambridge, Maryland**18. Funeral director **LeCompte's Funeral Service**Address **Cambridge, Maryland**19. **6/27/47** (Date rec'd by registrar)

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State **Maryland**

County

**Dorchester**City or town **Cambridge**

(If outside city or town limits, write RURAL and give nearest town)

Street No. **425 Henry St.**

(If rural, give LOCATION)

2.(a) If veteran, name war -

## 3. (b) Social Security Number

**215-12-6563**

## MEDICAL CERTIFICATION

2D. DATE OF DEATH

**June 26** 19 47, at 4:40A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

**25 JUNE**19 47, to **26 JUNE** 19 47and that I last saw him alive on **25 JUNE** 19 47Immediate cause of death **TUBERCULOSIS**

DURATION

Due to .....

Due to .....

Other conditions **ARTHRITIS**

(Include pregnancy within 3 months of death)

Major findings of operations .....

Date of op. ....

Autopsy results .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide .....

Date of .....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury .....

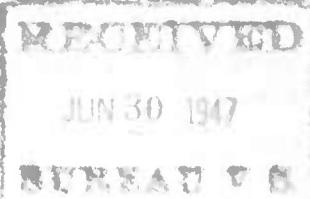
Injured at work?

23. SIGNATURE

*Walter E. Gandy Jr. MD*

M.D. or other

Address **105 CHURCH ST  
CAMBRIDGE, MD**Date signed **26 JUNE 47**



PLEASE USE WHITE PAPER PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use correct ink especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04990

93d Reg. Dist. No. 16

## CERTIFICATE OF DEATH

## 1. PLACE OF DEATH:

County... Hagerstown  
City or town... Hurlock

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

Laura V. Johnson

## 4. Sex

Female	5. Color or race	6. (a) Single, married, widowed, or divorced
	White	Widow

## 6. (b) Name of husband or wife

## 7. Birth date of deceased (mo., day, yr.)

June 21st, 1853

## 6. (c) If alive, give age... years

## 8. AGE:

Years <u>94</u>	Months	Days <u>9</u>	If less than one day
			hrs. .... min.

## 9. Birthplace

(Town, county, and state)

## 10. Usual occupation

House work

## 11. Industry or business

John Martin Hurlock

## MOTHER FATHER

12. Name	<u>Celia Wright</u>
13. Birthplace	<u>Hagerstown</u>

## 14. Maiden name

Celia Wright

## 15. Birthplace

Hagerstown

## 16. Informant

Mrs. John Goddard

## Address

Hurlock

## 17. Burial, cremation, or removal. Which?

Burial CemeteryDate thereof, July 3, 1947

(month) (day) (year)

## Cemetery or crematory

Hurlock Cemetery

## Location

J. B. Walburg Hwy.

## 18. Funeral director

Hurlock

## Address

Hurlock19. Date received by registrar, July 2, 1947

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County St. Mary's  
City or town... Hurlock

(If outside city or town limits, write RURAL and give nearest town)

## Street No.

(If rural, give LOCATION)

## 2.(a) If veteran, name war

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

## 20. DATE OF DEATH

June 30 1947 at 9:00A.M.

21. I CERTIFY that death occurred on the date above stated; that attended deceased from

1944 to June 30 1947and that I last saw her alive on June 29 1947

## Immediate cause of death

Myocardial Degeneration DURATION 5 yrs +Due to General Arteriosclerosis 5 yrs +

## Due to

Other conditions Senility

(Include pregnancy within 3 months of death)

## Major findings or operations

Date of op.

## Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

## Means of injury

Injured at work?

## 23. SIGNATURE

W.C. Harrison MD

M. D. or other

Address Hurlock Md. Date signed 7/2/47



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04991

93d

## CERTIFICATE OF DEATH

Reg. Dist. No.

116

## 1. PLACE OF DEATH:

County..... Dorchester

City or town..... Cambridge

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?..... 3 months - 5 days

Hospital, institution, or street address where death occurred:

Eastern Shore State Hospital

How long in hospital or institution?..... 3 months - 5 days

## 3. (a) FULL NAME

Charles S. Lilley

## 4. Sex

## 5. Color or race

## 6.(a) Single, married, widowed, or divorced

Male

White

Married

## 6.(b) Name of husband or wife..... Mary A. Johnson

6.(c) If alive, give age..... 65 years

## 7. Birth date of deceased (mo., day, yr.)..... November 14, 1865

8. AGE: Years..... 81 Months..... 7 Days..... 9 If less than one day hrs..... min.....

## 9. Birthplace..... Lancaster, Pennsylvania

(Town, county, and state)

## 10. Usual occupation..... Carpenter

## 11. Industry or business..... Business

## 12. Name..... William Lilley

## 13. Birthplace..... Pennsylvania

## 14. Maiden name..... Jeannette Shaw

## 15. Birthplace..... Pennsylvania

## 16. Informant..... Eastern Shore State Hospital Records

Address..... Cambridge, Maryland

Burial Date thereof..... June 25, 1947  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory..... 700 Ft. Cemetery

Location..... Cambridge &amp; Lyle

Tollway &amp; Lyle Structure

Dolington Road

Address..... Dolington Road

Date rec'd by registrar..... 6/23/47

(Date rec'd by registrar) John P. M. Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County..... Wicomico

City or town..... 609 Liberty Street

(If outside city or town limits, write RURAL and give nearest town)

Street No..... Salisbury

(If rural, give LOCATION)

2.(a) If veteran, name war.....

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH..... June 23, 1947, at 12:00 AM

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from March 18, 1947, to June 23, 1947, and that I last saw him alive on June 23, 1947.

Immediate cause of death.....

Arteriosclerotic cardio-  
vascular disease

Due to.....

Due to.....

Other conditions.....

Decubitus ulcer

Senile Psychosis

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury..... Injured at work?

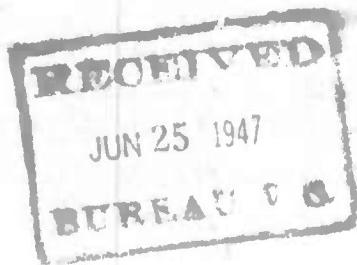
23. SIGNATURE.....

M. D. or other

Address.....

Date signed..... 6/23/47





PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 87d

04992

## CERTIFICATE OF DEATH

Reg. Dist. No. 116

## 1. PLACE OF DEATH:

Dorchester  
CountyCambridge  
City or town

(If outside city or town limits, write RURAL and give nearest town)

1942

How long in above place of death?

Hospital, institution, or street address where death occurred:

Hambrooks, Blvd.

How long in hospital or institution?

## 3. (a) FULL NAME

Will L. Lloyd Jr.

4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced

mle white married

6.(b) Name of husband or wife Una Boice Lloyd

7. Birth date of deceased (mo., day, yr.) 2/26/1896

6. (c) If alive, give age 51 years

8. AGE: Years Months Days If less than one day  
51 3 22 hrs. min.9. Birthplace Albany, N.Y.  
(Town, county, and state)

10. Usual occupation Electrical engineer

Utility

11. Industry or business

12. Name Will L. Lloyd

13. Birthplace N.Y.

14. Maiden name Ida Hauptman

N.Y.

15. Birthplace

16. Informant Mrs. Will L. Lloyd Jr.  
Address Cambridge, Md.

17. Burial

(Burial, cremation, or removal. Which?) Date thereof 6/21/47

(month) (day) (year)  
Cemetery or crematory Albany Rural

Location Albany, N.Y.

18. Funeral director Le Compte Funeral Service  
Address Cambridge, Maryland.19. 6-18- 1947  
(Date rec'd by registrar)

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Cambridge  
(If outside city or town limits, write RURAL and give nearest town)Street No. Hambrooks Blvd.  
(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH June 18 1947 at 5:00A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 23 1947 to June 18 1947 and that I last saw him alive on June 16 1947.

Immediate cause of death

Multiple Sclerosis

DURATION

4 years &amp;

Due to

Due to

Other conditions Severe debility

Anemia

(Include pregnancy within 3 months of death)

3 yrs.

Major findings of operations

None

Date of op.

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

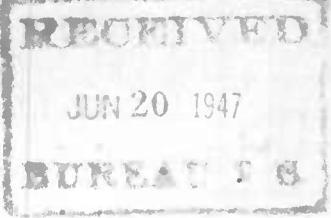
Means of injury

Injured at work?

23. SIGNATURE Eldridge H. Wafford

M. D. or other

Address Cambridge, Md. Date signed 6-18-47



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct page  
is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

46e

04993

## CERTIFICATE OF DEATH

Reg. Dist. No. 1B

## 1. PLACE OF DEATH:

Dorchester

County

Cambridge

City or town

(If outside city or town limits, write RURAL and give nearest town)

16 years

How long in above place of death?

Hospital, institution, or street address where death occurred:

8 Glasgow St.,

How long in hospital or institution?

## 3. (a) FULL NAME

Charles N. Lord Sr.

## 4. Sex

male

## 5. Color or race

white

## 6.(a) Single, married, widowed, or divorced

married

## 8.(b) Name of husband or wife

Harriet R. Foster

## 7. Birth date of deceased (mo., day, yr.)

11/13/1882

## 6.(c) If alive, give age

58

years

## 8. AGE:

64

Years

Months

Days

If less than one day

hrs. min.

## 9. Birthplace

Baltimore, Maryland

(Town, county, and state)

## 10. Usual occupation

Automobile mechanic

11

## 11. Industry or business

MOTHER FATHER

William Lord

12. Name

Md.

13. Birthplace

Md.

14. Maiden name

Sarah Lambert

15. Birthplace

Md.

## 16. Informant

Mrs. Katherine Marshall

Address

Cambridge, Maryland.

## 17. Burial

(Burial, cremation, or removal. Which?)

Date thereof

(month) (day) (year)

Cemetery or crematory

Washington Cemetery

Location

Hurlock, Maryland.

## 18. Funeral director

Le Compte Funeral Service

Address

Cambridge, Md.

## 19. (Date rec'd by registrar)

19 47

John Mace Jr. M.D.

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Md.

County

Dor.

City or town

Cambridge

(If outside city or town limits, write RURAL and give nearest town)

Street No.

8 Glasgow St.

(If rural, give LOCATION)

## 2.(a) If veteran, name war

## 3. (b) Social Security Number

212 18 0616

## MEDICAL CERTIFICATION

## 20. DATE OF DEATH

June 21

19 47

I CERTIFY that death occurred on the date above stated; that I attended deceased from May 27 1946 to June 20 1947 and that I last saw him alive on June 20 1947.

## Immediate cause of death

Hyperthyroid Cardiac disease

## DURATION

39 days

## Due to

## Due to

Carcinoma large intestine

1 yr.

(Include pregnancy within 8 months of death)

## Major findings of operations

Date of op.

## Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

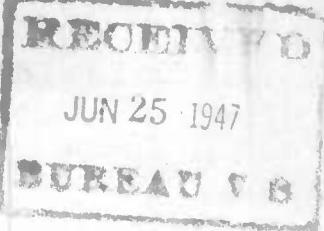
Means of injury Injured at work?

## 23. SIGNATURE

John E. Brinker M.D.

M. D. or other

Address 32 Race Street Date signed 6/21/47



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04994

83a

## CERTIFICATE OF DEATH

116

Reg. Dist. No. ....

## 1. PLACE OF DEATH:

County Dorchester

City or town Cambridge

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 4½ Years

Hospital, institution, or street address where death occurred:

4 Meadow Ave.

How long in hospital or institution? -

## 3. (a) FULL NAME

Emaline Thomas Merrick Marshall

## 3. (b) Social Security Number

217-70-8974

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6.(b) Name of husband or wife John Marshall

6.(c) If alive, give age 59 years

7. Birth date of deceased (mo., day, yr.) June 22, 1896

8. AGE: Years Months Days If less than one day  
51 - 5 hrs. min.9. Birthplace Secretary, Dor. Co., Md.  
(Town, county, and state)

10. Usual occupation Machine Operator

11. Industry or business Shirt Factory

12. Name Phillip Merrick

13. Birthplace Maryland

14. Maiden name Lillian Hackett

15. Birthplace Maryland

16. Informant Mr. John Marshall

Address Cambridge, Maryland

17. Burial Date thereof June 29, 1947  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Dorchester Memorial Park

Location Cambridge, Maryland.

18. Funeral director LeCompte's Funeral Service

Address Cambridge, Maryland.

19. 6/28 1947 John Marshall  
(Date rec'd by registrar) Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Cambridge

(If outside city or town limits, write RURAL and give nearest town)

Street No. 4 Measdow Ave.

(If rural, give LOCATION)

2.(a) If veteran, name war. -

## MEDICAL CERTIFICATION

20. DATE OF DEATH June 27, 1947 at 1:55 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Dec. 3, 1946, to June 27, 1947, and that I last saw her alive on June 26, 1947.

Immediate cause of death

cerebral hemorrhage

DURATION

2 days

Due to Hypertension

2 yrs

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide... Date of...

Where did Injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE Lawrence Manganaro, M.D.

M. D. or other

Address 136 Race St. Cambridge, Md. Date signed 6/27/47

RECEIVED

JUN 30 1947

BUREAU F B I

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04995

## CERTIFICATE OF DEATH

Reg. Dist. No. 116

## 1. PLACE OF DEATH:

County Dorchester  
City or town Cambridge

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life

Hospital, institution, or street address where death occurred:

413 Choptank Ave.

How long in hospital or institution?

## 3. (a) FULL NAME

Mattie E. Montgomery

## 4. Sex

Female

## 5. Color or race

White

## 6.(a) Single, married, widowed, or divorced

Single

## 6.(b) Name of husband or wife

## 7. Birth date of deceased (mo., day, yr.)

Oct. 22, 1883

## 6.(c) If alive, give age

years

## 8. AGE:

Years 63

Months 7

Days 26

It less than one day

hrs. . . . .

min. . . . .

9. Birthplace Cambridge, Dor. Co., Maryland  
(Town, county, and state)

## 10. Usual occupation Domestic

## 11. Industry or business Home

## 12. Name William J. Montgomery

## 13. Birthplace Maryland

## 14. Maiden name Martha Wingate

## 15. Birthplace Maryland

## 16. Informant Miss Bertha Robinson

## Address Cambridge, Maryland

## 17. Burial

Date thereof June 20, 1947  
(Burial, cremation, or removal. Which?) (month) (day) (year)

## Cemetery or crematory Cambridge Cemetery

## Location Cambridge, Maryland

## 18. Funeral director LeCompte's Funeral Service

## Address Cambridge, Maryland

## 19. 6-19-1947

(Date rec'd by registrar)

John Mace Jr. M.D.  
Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Cambridge (If outside city or town limits, write RURAL and give nearest town)

Street No. 413 Choptank Ave.

(If rural, give LOCATION)

## 2.(a) If veteran, name war

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH June 18, 1947, at 5 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

4 JUNE

1947

to 18 JUNE 1947

and that I last saw her alive on JUNE 18 1947

Immediate cause of death CARCINOMA OF  
ESOPHAGUS AND STOMACH

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work

23. SIGNATURE

Hattie E. Gunby Jr. M.D.  
M. D. or other  
Address 105 Church St.  
CAMBRIDGE M.D. Date signed 19 JUNE '47



04996

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 183

## CERTIFICATE OF DEATH

Reg. Dist. No. 116

## 1. PLACE OF DEATH:

County

City or town

Dorchester  
Cambridge

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

entire life

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

Albanus M. Paul Jr.

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male

white

Single

## 6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

6. (c) If alive, give age

years

June 5 - 1933

8. AGE:

Years

Months

Days

If less than one day

hrs.

min.

## 9. Birthplace

(Town, county, and state)

Cambridge

Schoolboy

## 10. Usual occupation

## 11. Industry or business

MOTHER FATHER

albanus M. Paul

12. Name

Ray Co

13. Birthplace

Bertha Greene

MOTHER

14. Maiden name

Olar Co

15. Birthplace

Mrs Bertha Paul

16. Informant

Address

Trenton St., Cambridge Md

Burial

(Burial, cremation, or removal? Which?)

Date thereof

(month) (day) (year)

Cemetery or crematory

Location

17.

Greenlawn

Cambridge, Md

Funeral director

Address

Kemeth P. Shouras

Cambridge, Md.

18.

Means of injury

Injured at work?

VS A15 9-45-15M

T

19. (Date rec'd by registrar)

John Macfie MD

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Cambridge

(If outside city or town limits, write RURAL and give nearest town)

Street No. Trenton St.

(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

## 20. DATE OF DEATH

June 8 1947 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19. to 19. 19. 19.

and that I last saw h. alive on

## Immediate cause of death

Accidental Drowning

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

## Major findings of operations

Date of op.

## Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. accident Date of June 8/47Where did injury occur? M. Cambridge (City or town) (County) (State) John Md.Injured at home, farm, industry, public place (where?) in Chestnut RiverMeans of injury ✓ Injured at work? No

## 23. SIGNATURE

M. D. or other

Address Cambridge- Ma Date signed June 9/47

RECEIVED

JUN. 11 1947

BUREAU V.B.

I

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 468

04997

## CERTIFICATE OF DEATH

Reg. Dist. No. 110

## 1. PLACE OF DEATH:

County DorchesterCity or town Williamsburg

Rural

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 34 yrs

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

Velma Catherine Poole

## 3. (b) Social Security Number

None

## 4. Sex

## 5. Color or race

## 6.(a) Single, married, widowed, or divorced

Female

White

Married

## 6.(b) Name of husband or wife

Roland S. Poole

## 6.(c) If alive, give age

53

years

## 7. Birth date of deceased (mo., day, yr.)

Feb. 21 1894

## 8. AGE:

Years  
53Months  
3Days  
19If less than one day  
..... hrs. .... min.

## 9. Birthplace

Caroline County Maryland

(Town, county, and state)

## 10. Usual occupation

House-works

## 11. Industry or business

Town Home

MOTHER

## FATHER

## 12. Name

Martin M. T. Powers

## 13. Birthplace

Caroline County, Md.

## 14. Maiden name

Emma C. Bowdrie

## 15. Birthplace

Dorchester County, Md.

## 16. Informant

Roland S. Poole

## Address

Williamsburg, Md. R.F.D.

## 17. Burial

(Burial, cremation, or removal. Which?)

Date thereof June 12 1947

(month) (day) (year)

## Cemetery or crematory

Hill-Crest Cemetery

## Location

Federalburg, Md.

## 18. Funeral director

J. S. Frampton & Son

## Address

Federalburg, Md.

## 19. Date rec'd by registrar

June 12 - 1947Charles Hastings

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County

DorchesterCity or town Williamsburg

Rural

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

## 2.(a) If veteran, name war

## MEDICAL CERTIFICATION

## 2D. DATE OF DEATH

June 10 1947

at 1:45 M

## 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

March 11, 1947 to June 10, 1947and that I last saw her alive on June 4, 1947Immediate cause of death Generalized Cancer-met-

C.S.I.

DURATION

6 mosDue to Carcinoma of stomach & Esophagus

2 yrs

Due to

## Other conditions

(Include pregnancy within 3 months of death)

## Major findings or operations

Date of op.

## Autopsy results

None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.

Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

## Means of injury

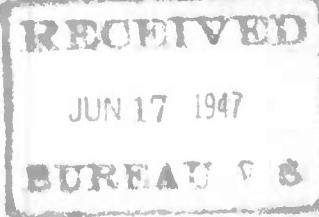
Injured at work?

## 23. SIGNATURE

Charles Hastings

M. D. or other

Address Williamsburg Date signed 6/11/47



Evidence for the change of  
age is shown on

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04998

93d

ALM No. G 110 JUN 10 1947 CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester

City or town Cambridge, Maryland

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 years 5 months 11 days

Hospital, institution, or street address where death occurred:

Eastern Shore State Hospital

How long in hospital or institution? 2 years 5 months 11 days

3. (a) FULL NAME

George Smith

4. Sex male 5. Color or race white 6. (a) Single, married, widowed, or divorced Widower

male white Widower

6. (b) Name of husband or wife unknown

7. Birth date of deceased (mo. day. yr.) - 1870 ? 6. (c) If alive, give age years

8. AGE: Years Months Days If less than one day hrs. min.

78 7 77

9. Birthplace unknown (Town, county, and state)

10. Usual occupation odd jobber

11. Industry or business

12. Name unknown

13. Birthplace unknown

14. Maiden name unknown

15. Birthplace unknown

16. Informant Eastern Shore State Hospital Record's

Address Cambridge, Maryland

17. Burial Date thereof June 4, 1947  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Cemetery

Location St. Michaels, Md

18. Funeral director Newman & Harrison

Address St. Michaels, Md

19. (Date rec'd by registrar) John Macfie, M.D.

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

I

VS A15 9-45-15M

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Talbot

City or town Newcomb (If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH June 2 1947 at 6:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 22 1944 to June 2 1947 and that I last saw h. im. alive on June 2 1947

Immediate cause of death Arteriosclerotic cardio vascular disease

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE Grace M. Branscombe, M.D. M.D. or other

Address Cambridge, Maryland Date signed 6-2-47

Registrar

RECEIVED

JUN 3 1947

BUREAU S

04999

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

83a

## CERTIFICATE OF DEATH

Reg. Dist. No.

116

## 1. PLACE OF DEATH:

County... BaltimoreCity or town... Vincent - Rural

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Half time

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

Ella Stoute

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

female colored widowed6.(b) Name of husband or wife Wesley Stoute

7. Birth date of deceased (mo., day, yr.)

Feb. 12, 1890

6.(c) If alive, give age years

8. AGE:

57

Years

Months

Days

If less than one day

hrs.

min.

9. Birthplace

Salem District - Duv. Co. Md.

(Town, county, and state)

10. Usual occupation.

Housework

11. Industry or business

MOTHER FATHER

12. Name Peter Wilson

MOTHER FATHER

13. Birthplace Duv. Co. Md.

MOTHER FATHER

14. Maiden name Harriet Woodford

MOTHER FATHER

15. Birthplace Duv. Co. Md.

16. Informant

Jesse Stoute

Address

Vincent Md.

17. Cemetery or crematory

faribanks

Date thereof

(Burial, cremation, or removal. Which?)

(Month) (day) (year)

Location

Geffrey H Bayneress

18. Funeral director

Cambewidge

Address

6-21-47

(Date rec'd by registrar)

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

N.J.

County

City or town

Paulsboro

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

## 2D. DATE OF DEATH

June 12, 1947 at 10:15 p.m.March 30, 1946 to June 12, 1947and that I last saw her alive on June 10, 1947

## Immediate cause of death

Cerebral Hemorrhage

## DURATION

3 daysDue to Hypertension14 mo.

Due to

## Other conditions

(Include pregnancy within 8 months of death)

## Major findings or operations

Date of op.

## Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

## Means of injury

Injured at work?

23. SIGNATURE Carroll M. St. Clair Jr.

M. D. or other

Address East Cedar St.Date signed 6/14/47



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

46m

05000

## CERTIFICATE OF DEATH

Reg. Dist. No. 119

## 1. PLACE OF DEATH:

County.....

City or town.....

Baltimore  
Baltimore Head

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....  
*entire life*

Hospital, Institution, or street address where death occurred:.....

How long in hospital or institution?.....

## 3. (a) FULL NAME

A. Baldwin Smith

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male white married  
Marion Robinson

6. (b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.)

6. (c) If alive, give age

70

years

January 31-1869

8. AGE: Years Months Days If less than one day

77

5

11

hrs. min.

9. Birthplace.....

(Town, county, and state)

Baltimore

10. Usual occupation.....

Waterman

11. Industry or business

Robert Smith

12. Name.....

Nor Co.

13. Birthplace.....

Susan Hall

14. Maiden name.....

Nor Co.

15. Birthplace.....

Mrs. Baldwin Smith

16. Informant.....

Baltimore Head, Md.

Address.....

Burial

Date thereof.....  
(month) (day) (year)

17. (Burial, cremation, or removal. Which?) Cemetery or crematory.....

Worchester Memorial Park

Location.....

Cambridge, Md.

18. Funeral director.....

Kenneth R. Thomas

Address.....

Cambridge, Md.

19. Date rec'd by registrar.....

19. 47 Wilson D. Pritchett

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

Maryland Dorchester

County.....

Baltimore Head

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2.(a) If veteran, name war.....

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

## 20. DATE OF DEATH.....

Jan 15 47 19 47

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 12 19 46 to May 29 19 47

and that I last saw him alive on May 29 19 47

Immediate cause of death.....

Myocardial failure

DURATION

1 day

Due to..... Malignancy of S. I. tract 2 yrs

Due to..... Pernicious anemia 1 yr

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

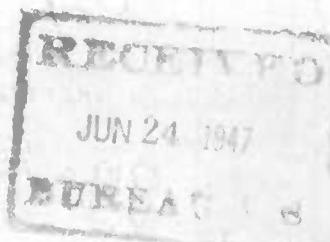
Means of injury..... Injured at work? .....

## 23. SIGNATURE.....

P. Maryland M. D.

M. D. or other

Address..... Cambridge, Md. Date signed 6/13/47



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

05001  
94a

## CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH: Dorchester  
 County.....  
 City or town..... Cambridge  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death?..... all of life  
 Hospital, Institution, or street address where death occurred: in court near Douglass St.  
 How long in hospital or institution?..... X

2. USUAL RESIDENCE (HOME) OF DECEASED:  
 (For newborn infants give residence of mother)

State..... Maryland County..... Dorchester  
 City or town..... Cambridge  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 189 Washington St.  
 (If rural, give LOCATION)

3. (a) FULL NAME  
 Isaac Anthony Vaughn

3. (b) Social Security Number

4. Sex male 5. Color or race colored 6.(a) Single, married, widowed, or divorced married (separated)

6.(b) Name of husband or wife..... Velma Harris

7. Birth date of deceased (mo., day, yr.) June-3-1909  
 6.(c) If alive, give age ..... 36 years

8. AGE: Years Months Days If less than one day  
 38 0 5 hrs. min.

9. Birthplace..... Maryland  
 (Town, county, and state)

10. Usual occupation..... Laborer (general)

11. Industry or business X

12. Name..... John Vaughn

13. Birthplace..... Maryland

14. Maiden name..... Hannah Davis

15. Birthplace..... Maryland

16. Informant..... John Vaughn

Address 189 Washington St.- Cambridge,

17. Burial, cremation, or removal. Which? Church Creek Date thereof June 12  
 (month) (day) (year)

Cemetery or crematory..... Church Creek

Location.....

18. Funeral director..... Lewis H. Bayneson

Address Cambridge rd

19. (Date rec'd by registrar) 6-12-1947 John Meek M.D.

## MEDICAL CERTIFICATION

20. DATE OF DEATH June 8 1947 at 4:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

X X 19. to X X 19.

and that I last saw h. X alive on X X 19.

Immediate cause of death..... Disease of Coronary Arteries ?

Due to. X

Due to. X

Other conditions X

(Include pregnancy within 8 months of death)

Major findings of operations. X

Date of op. \_\_\_\_\_

Autopsy results.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

Md.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of \_\_\_\_\_

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work? \_\_\_\_\_

23. SIGNATURE

Dr. K. Shrivastava, M.D. or other

Address Cambridge, Md. Date signed June 8/4

RECEIVED

JUN 16 1947

BUREAU OF INVESTIGATION

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

05002

131a

## CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:  
County Dorchester  
City or town Cambridge  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? Four Days  
Hospital, Institution, or street address where death occurred: Cambridge Maryland Hospital  
How long in hospital or institution? Four Days

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)  
State Dorchester County Maryland  
City or town Vienna  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. - - -  
(If rural, give LOCATION)

## 3. (a) FULL NAME

Piney Wall

4. Sex Male	5. Color or race White	6. (a) Single, married, widowed, or divorced Married
-------------	------------------------	--

6. (b) Name of husband or wife Katie Moore

7. Birth date of deceased (mo., day, yr.) Aug. 31, 1872

8. AGE: Years Months Days If less than one day  
74 9 26 hrs. min.

9. Birthplace Bespitch Ferry, Dor. Co., Md.  
(Town, county, and state)

10. Usual occupation Farmer-Retired

11. Industry or business Retired

MOTHER FATHER 12. Name Samuel Wall

13. Birthplace Maryland

14. Maiden name Mary Percy

15. Birthplace Maryland

16. Informant Mrs. Piney Wall

Address Vienna, Maryland.

17. Burial Date thereof June 29, 1947  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Dorchester Memorial Park

Location Cambridge, Maryland.

18. Funeral director LeCompte's Funeral Service

Address Cambridge, Maryland.

19. 6/27 1947 John Maup M.D.  
(Date rec'd by registrar) Registrar

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH June 27 1947 at 11:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

6/25/1947 to 6/27/1947 and that I last saw him alive on 6/27/1947

Immediate cause of death

Uremia

Due to Arteriosclerosis  
Cardio vascular disease

Due to ?

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

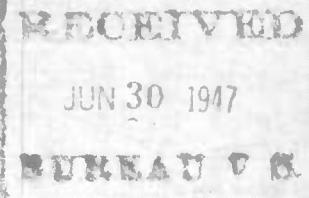
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

John Maup M.D. or other  
Address Cambridge, MD Date signed 6/27/47



PLEASE WRITE PLAINLY, ~~NEVER~~ UNFADING INK. Supply every item of information carefully. The correct answers are especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

122a

05003

## CERTIFICATE OF DEATH

Reg. Dist. No. 116

## 1. PLACE OF DEATH:

Dorchester

County

Cambridge

(If outside city or town limits, write RURAL and give nearest town)

Life

How long in above place of death?

Hospital, institution, or street address where death occurred:

128 Locust St.

How long in hospital or institution?

## 3. (a) FULL NAME

James Willis

4. Sex

Male

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Widowed

6.(b) Name of husband or wife

Courtney Davis

(Died 1/22/1941)

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

Oct. 20, 1854

8. AGE:

Years  
92Months  
7Days  
28

If less than one day

hrs. .... min.

9. Birthplace

Caroline Co., Maryland

(Town, county, and state)

10. Usual occupation.

Retired Funeral Director

11. Industry or business

Funeral

MOTHER FATHER

Richard Willis

MOTHER FATHER

Maryland

14. Maiden name

Mary J. Bayly

MOTHER FATHER

Maryland

16. Informant

Mrs. Elsie Bonner

Address

Cambridge, Maryland

17. Burial

Date thereof June 22, 1947

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Cambridge Cemetery

Location

Cambridge, Maryland

18. Funeral director

LeCompte's Funeral Service

Address

Cambridge, Maryland.

19.

6-21-

1947

(Date rec'd by registrar)

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

Maryland

State

County Dorchester

Cambridge

City or town (If outside city or town limits, write RURAL and give nearest town)

128 Locust St.

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH June 18, 1947 at 6:30AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

January 16, 1947, to June 18, 1947, and that I last saw him alive on June 17, 1947.

Immediate cause of death

Myocardial Failure 10 days DURATION

Due to

Arterosclerosis

Due to

Senility

Left ventricular Hernia  
(Include pregnancy within 3 months of death)

Major findings of operations

none Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, tell in the following

Accident, suicide, or homicide.

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?  
H. G. Beck's

23. SIGNATURE

M. D. or other  
John M. Beck's Cambridge Md. Date signed 6/19/47  
Address

19.

6-21-

1947

(Date rec'd by registrar)

Registrar

RECEIVED

23 1947

P H P A 18